



GÖTEBORGS UNIVERSITET  
Utbildnings- och forskningsnämnden för lärarutbildning

## “We are teaching according to reality”

South African teachers’ approach on the impacts of HIV and AIDS in  
education

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Rapportnummer: HT06-2611-036

## **Abstract**

**Examinationsnivå:** Examensarbete, 10 poäng inom kursen LAU 350

**Titel:** “We are teaching according to reality” – South African teachers’ approach on the impacts of HIV and AIDS in education

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**Termin och år:** Höstterminen 2006

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**Rapportnummer:** HT06-2611-036

**Nyckelord:** education, HIV and AIDS, teachers’ approach, cultural aspects, social aspects

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### **Purpose**

The aim of this Minor Field study is to investigate how South African teachers approach the impacts of HIV and AIDS in their daily professional work. I also want to highlight the complexity in teaching about a subject surrounded by social and cultural factors causing negative stigma and discrimination. Central questions in the study are:

- How do teachers teach about HIV and AIDS, sexuality and relationships?
- What problems and difficulties do they experience?
- Which are their views on the cause of HIV and AIDS and related problems?
- What do they think needs to be done to improve the current situation, in school as well as in their surrounding society?

### **Method**

To carry out this study I have used a triangulation of qualitative methods. Observations, document studies, informal dialogues and study visits are part of the ethnographic method which helped me understand and gather information about the South African context. Six semi-structured open-ended interviews were used to gain deeper insight in the teachers’ situation, their opinions and views.

### **Results**

The findings on the South African context concentrate mainly on poverty, social and cultural aspects concerning sex, gender relations, stigmatization and ignorance. The interview results show that teachers use a variety of methods to approach HIV and AIDS in their teaching. They experience difficulties in many aspects and see immorality and carelessness as major causes of the epidemic’s spread. Ideas on what needs to be done to change the situation varies from new approaches in education and a new mentality to firm management from the government, a change in legislation and education in a broader sense to reach adults and people with low education as well. The general approach is to teach according to what there is, the reality, accepting the circumstances. HIV and AIDS is one out of many difficult problems that the South African teachers need to handle.

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# 1. Introduction

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Even though we live in a part of the world where HIV and AIDS is still not very common, we can not deny the possible presence of it, whoever we meet and get involved with and wherever we travel in the world. During 4 months of exchange studies 2005 in Port Elizabeth, South Africa I experienced HIV and AIDS on close hand for the first time. I attended a course about “Issues in science education” with HIV and AIDS as the specific issue to study. One of the activities we had was a meeting or informal interview with an HIV positive person or a care giver for an HIV positive person. Most of the students in the class were South Africans and the purpose of this activity was for all of us to be exposed to and gain understanding for problems connected to living with HIV and AIDS in everyday life. The meeting I took part in with the mother of an HIV positive young woman is a moment I will never forget and there are just not words enough to describe how much it has affected me ever since.

As teacher students from abroad we also got the chance to visit schools in different areas in and around Port Elizabeth and learn about their circumstances and difficulties. In poor township schools it was hard to believe that out of the hundreds of smiling curious children, many of them suffered from HIV, had lost family members due to the disease while others were orphaned. People I met told me sad and horrible stories about young girls’ and boys’ fate, but also stories that give lots of hope. There is consciousness and a strong will to make a change, what is often missing is the resources they need to do it; material and knowledge, as well as mental support and encouragement.

The last AIDS Epidemic Update from UNAIDS and WHO was edited recently and it tells that the estimated number of HIV infected people in world today is somewhere between 34 and 47 million. 22 to 28 million of them live in Sub-Saharan Africa with the highest concentration in a few countries in southern Africa. These huge numbers make it difficult to grasp the severe effects it has and will have on society and the people affected by it.

South Africa has the largest number of people living with HIV and AIDS in one single country. The increasing prevalence was estimated to 5,5 million infected in 2005, among those were 240 000 children below 15 years and over a million children are orphans due to AIDS. Young women from 15-24 years of age are four times more likely to be infected than young men (AIDS Epidemic update 2006, p.11). It is also often the women who have to carry the burden of taking care of sick family members, therefore it’s no understatement to say that the epidemic hits hardest on the women.

HIV and AIDS hits hardest on people in sexually active age, which is also the age when people normally are most active in the labour force. Premature deaths because of AIDS therefore have devastating effects in work places, such as schools, companies and organisations.

In a near future I will be a teacher myself and stand in a classroom somewhere with young learners in front of me. Children who I will have a responsibility for, to make sure that they feel well being in school every day, that they have access to what they need to learn about life and everything that comes with it. I’ve been thinking a lot about how different it must be to be a teacher in South Africa, a young democracy, recently replacing the previous vicious Apartheid regime which systematically segregated and oppressed people due to the colour of

their skin. The young republic suffers from various problems of different kinds. Except from the impacts of the HIV-epidemic, general poverty and remaining segregation, along with a diversity of cultures, traditions, belief systems, languages and endless contrasts from urban to rural areas, all represent challenges to the country. All together this makes it a complex country to live and to act in. At the same time it's the most fascinating and interesting place to be in. This is the country to which I was offered a chance to return to in 2006, this time to carry out a Minor Field Study.

## 2. Presentation of the problem

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Living with HIV and AIDS is the reality for approximately 40 million people, spread all over the world. It is a deadly disease, but positive test results must not necessarily be regarded as a death sentence. The diagnosis certainly changes the whole life of the infected person, but it should still be possible to live a worthy life without discrimination and isolation. With the right treatment the infected person can remain relatively healthy and enjoy a normal life for many years. Still, this is not the case for most HIV positive people in the world today. Along with the severe medical effects the disease is surrounded by fears and prejudice which cause stigmatization and discrimination. These aspects are important to try and reduce. One way to accomplish this would be to increase knowledge and to build up a common understanding for the causes and effects of HIV and AIDS. One of the instances where the conditions are at best for dealing with this delicate matter would be the school. School is a meeting place for large numbers of people and represent an accepted, institutionalized place to produce and to spread information. Teachers have a key role in this process. It is of basic importance that teachers receive good education and all the necessary support, encouragement and resources in their important position.

### 2.1 Aim of study

In order to contribute to the understanding of and the possibilities to react on the spreading of HIV/AIDS in South Africa my intentions are to produce a more comprehensive picture of schools' and teachers' roles in these processes, compared to the dominating one in Western societies. More specifically I want to highlight the complexity in teaching about a subject surrounded by social and cultural factors causing negative stigma and discrimination.

The aim of this study is to investigate how South African teachers approach the impacts of HIV and AIDS in their daily professional work.

Central questions in the study are:

- how do teachers teach about HIV and AIDS, sexuality and relationships?
- what problems and difficulties do they experience?
- which are their views on the cause of HIV and AIDS and related problems?
- what do they think needs to be done to improve the current situation, in school as well as in their surrounding society?

#### 2.1.1 Study outline

Initially I intend to offer a description of the South African nation and society, especially emphasizing the deep impacts of it's close history. This as the investigated problems related to education and HIV and AIDS must be placed into a cultural and historical context to be able to produce a more comprehensive understanding of the matter. The following presentation of the education system is also crucial for understanding the context where I have carried out this study.

In chapter 4 on methods including methodological approach and limitations I explain the premises for this study and how it was carried out. It is followed by chapter 5 on the theoretical framework where I introduce the theories I find relevant for this study. I have chosen a perspective of power, focusing on structures and resources and the power these have over actors. In chapter 6 the empirical results are presented. This chapter also includes what I call “Social and cultural aspects connected to HIV and AIDS”, aspects of special importance to the understanding of the impacts of the various belief systems, values and traditions surrounding the HIV and AIDS issue. Finally, in chapter 7, there is a discussion of the findings and I connect the empirical results to the theoretical framework, thus showing relations between structural power and the teachers approaches, choices and views.



### 3. Background

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#### 3.1 General facts about South Africa

South Africa has a population of slightly more than 44 million people, spread over the nation's 1 219 912 square kilometres. The two capitals are Pretoria and Cape Town. Port Elizabeth is the fifth largest city.

There are 11 official languages today. Except for English and Afrikaans, introduced by immigrants mainly during the 19<sup>th</sup> century, there are also nine native African languages, the two dominating being Zulu (24%) and Xhosa (18%). English is the official language of teaching and learning in schools, but remains the mother tongue of not more than 8% of the population. The literacy rate of the total population is 86,4% (men 87%, women 85.7%)

The native languages represent ethnic groups with the same names. According to the Apartheid division into racial groups, still used to day, native African people are called black (79% of the population). The other groups are White (9,6%), coloured (8,9%) and Indian/Asian (2,5%). Over 70% of all South Africans confess to Christianity, most of them belonging to one of the many congregations

The HIV prevalence rate is 21,5% according to CIA facts. But this rate varies both up and down depending on the source and how it is measured. All the general facts here are collected from <https://www.cia.gov/cia/publications/factbook/geos/sf.html>. Different sources tell slightly different numbers, but I chose to follow one source.

### 3.2 Abbreviations and definitions of terms used in this essay

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
African	Descendant from African black groups
Afrikaner	Descendant from European settlers
Coloured	Descendant of mixed Africans and Afrikaner origin
Learners	Mainly used in South Africa instead of 'pupils'
Township	Informal settlements where only black people live, often under very poor circumstances, the poorest areas are also called squatter camps.

### 3.3 South African history

South Africa is a young democracy. The present government received power in 1994 through democratic elections and the well-known freedom fighter Nelson Mandela led the nation into a new era. The nation he and his government took over was injured and extremely segregated and unequal. For decades the Apartheid system, governed by the National Party had broken down all rights for black, coloured and Indian people and oppressed them systematically through rules that decided even where they were allowed to walk and sit and who to talk to and about what.

A summary of South African history contains a lot of war and disagreement between the many different ethnic groups that always has and still inhabit the country. Long before the Europeans arrived in the 17<sup>th</sup> century there were a diversity of ethnic African groups (or tribes) living side by side but sometimes also in war with each other. With time they merged into bigger groups and in the 17<sup>th</sup> century the Europeans met mainly the Khoi khoi and the San people at arrival in the Western Cape. Bantu people from East Africa spread over South Africa were followed, among many others, by Xhosa and Zulu in the eastern and northern parts.

Gradually the Europeans moved further into the country, pushing away African settlements and forced people to work for them. It was the Dutch settlers primarily that moved, they were tired of the British rule and started the, so called, Great Trek. The reason for this movement was also their increase in numbers and later the discovery of the richness lying underneath the ground. The mining industry started, in search for gold and diamonds in the 19<sup>th</sup> century, which was a ground for even more disagreements and war. The British were most successful but in the beginning of the 20<sup>th</sup> century the British and the Dutch started to collaborate and unite against the Africans. The South African union was established in 1910. English and Dutch became the official languages and that same year the first elections were held. Only whites were allowed to vote. Africans were seen as a lower race without any political rights and they were deprived their right to land and human rights.

In 1912 the South African Native National Congress (later the African National Congress, ANC, 1923) was established as a reaction to this, fighting to get the rights back. Their effort was useless and in 1924 the racist National Party came to power for the first time. The following years they collaborated with another party against "the black threat" and in 1948

they presented their new policy “Apartheid”, which gave them the governing power alone. Apartheid means distinction or segregation and that is exactly what they aimed for. So called Homelands were created for black, coloured and Indians, which were the different racial groups people were divided in based on origin and the darkness of their skin. Pass laws were introduced, marriage and relations across the race groups were forbidden and families were split up because of forced movement into the homelands. Non-whites were only allowed to be educated as teachers, nurses, policemen and lawyers or work in the mines under slave-like conditions. Everything in society was divided into different departments for whites and non-whites to avoid mixing. The oppression was institutionalised and written into the law.

To uphold these strict laws violence, torture and imprisonment was used frequently and people were scared to obedience. The ANC led the fight against this oppression and Nelson Mandela was one of the front leaders. In the beginning ANC used non-violent demonstrations, strikes and civil disobedience, but in the 1960’s they saw no choice but to use weapons to defend themselves and to make their point. During the 1960’s - 1980’s massacres took place, non-white people disappeared and were imprisoned, tortured and killed. Non-whites had no right to speak out or contradict the Apartheid regime. The rest of the world started to react and boycott Apartheid around this time. Pressure was put on the government and even though it took time, results came in 1980’s. In 1985 the violence culminated and president Botha abolished the pass laws as an attempt to meet the resistance. It gave no result and the violence continued. But behind the scenes meetings were held between the government and the imprisoned Nelson Mandela. ANC leaders in exile met with influential persons from South Africa and other nations, so eventually some compromises were agreed on how to solve the crisis. After 27 years in prison Nelson Mandela was released in 1990. The following years were also blood stained, but President de Klerk opened up for negotiations and in 1994 the first democratic elections were held. Nelson Mandela then became the first black president of South Africa<sup>1</sup>.

The result of the Apartheid oppression are deep structural inequalities that will take a long time yet to erase, a wide spread poverty and low education level among non-whites. To continue the work to repair this demands huge resources, foremost financial. South Africa has come a long way in the 12 years that have passed, even though much remains. It is a sail against the wind and when the Apartheid regime was overcome a new threat against the nation spread rapidly; the HIV and AIDS epidemic. It is constantly making it harder to overcome differences and inequalities since it hits hardest on the poor and disadvantaged.

### 3.4 South African people and cultures

Seeing South Africa from another perspective gives focus on the diversity of people and cultures. According to the racial division of people during apartheid (still used today) people can roughly be divided into black, white, coloured and Indians. If we instead look at the multitude of languages, connected to different groups of people and cultures, there are 11, recognised as official languages (see facts above), but in reality there are even more. In general white people speak English and Afrikaans, coloured Afrikaans and Indians speak English. Among black people there is a big variety; Xhosa, Zulu, Tswana, Venda, Sotho etc.

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<sup>1</sup> The historic summary is written with my own words, only dates and years have been collected and/or verified with Holmström and Siverbo (1998).

In the Eastern Cape region where Port Elizabeth is situated, Xhosa, English and Afrikaans are the main languages. Why most people are Xhosa in this area goes back to the forced removals of people into homelands depending on origin, during Apartheid. Many South Africans today are bilingual and speak English as a second language, and knowing further languages is a big advantage in South Africa.

With the groups of people come their different cultures and traditions. I'm focusing mainly on the black cultures in this study and they can be alike in many aspects and in other ways very different and it is a diversity I cannot present and give justice to here. In a few words I would like to describe them as colourful, rhythmic, spiritual and intense. People in South Africa are in general quite religious, most of them are Christians, belonging to one of the many congregations. Many African people also seem to mix Christianity with traditional beliefs about spirits and ancestral worship. This is very common in many parts of Africa, and it is traditions and beliefs stemming from Bantu ancestors<sup>2</sup>.

Some of these values and traditions play an important role in the fight against HIV and AIDS, since there are beliefs connected to health and sickness. This is something that teachers, just like everyone else who is working with people, have to take in consideration. Therefore I will come back to this further on in my study to explain some common beliefs and traditions and the consequences it has for the teachers.

### 3.4.1 Township life

For a reader who has never visited South Africa it can be difficult to picture life in the townships, so I want to give a brief description of what I have experienced (note that this is a very personal picture). The reason why townships are important to acknowledge here is that my research has been carried out in schools in the townships. The reason for that is that most people who are affected and/or infected by HIV and AIDS are black and poor.

Living in South Africa as white and European, one is often only exposed to the rich and wealthy parts of the society. It is still very strict who lives in what area, although it is slowly changing. If I strain life in the white, Europe-like areas, the few times I saw black people was when the maid came to clean and wash my clothes, when I went to the supermarket or at the university. So the first time to actually meet black people was during a visit in a township school. Driving along the main road leading out of town (because the townships are always situated outside town in neglected and less accessible areas) we suddenly saw the thousands of shacks climbing on the hillocks by the side of the road, the squatter camps as they are called. Smoke was coming out here and there, and it takes a while to find focus since the shacks are clustered together and all have different shape depending on what they are built of. Closer up the area is swarming with life, there is people everywhere and street vendors selling everything from fruits and veggies to grilled sheep heads and cell phones. You see children in school uniforms, women with children on their backs carrying loads on the head and men sitting in the street corners smoking a cigarette. It was an overwhelming picture and it can only be described as a different world, very different than the one we just came from, only 20 minutes away.

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<sup>2</sup> Bantu people are spread over large parts of Africa south of Sahara. They have in common that their languages all belong to the same family of languages, the Bantu, consisting of about 500 languages.

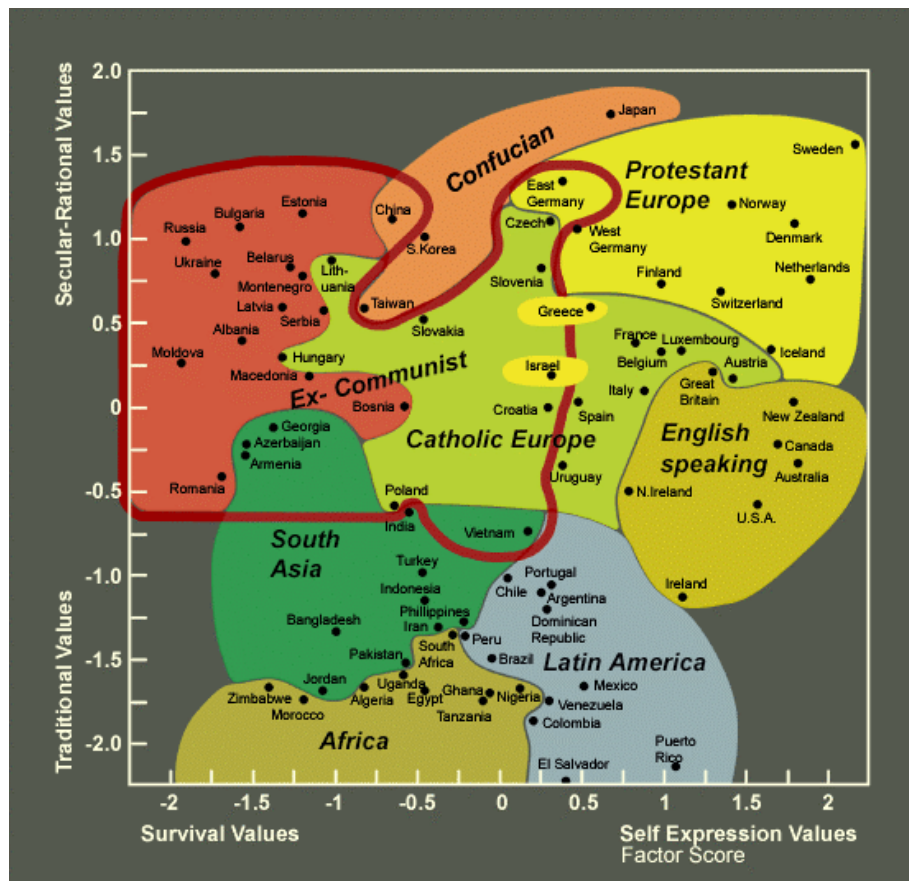
Since that first day I have made many visits in the townships, I have seen the shacks inside and out, talked to people and heard their stories. Looking at the conditions, it is not worthy for any human being to live under such circumstances, with no sanitation, no facilities for cooking or cleaning, huge families live in the small shacks sharing one mattress on the cold floor leaving them no privacy at all. Luckily houses are being built by the government to give people adequate living, but it takes time. Women have told me how afraid they are every night that someone might break in – or walk straight in – to take the little they have, beat them and rape them, or their children. Many people in the townships have a low educational level, many are illiterate, unemployment is high and the high prevalence of HIV and AIDS is increasing every day, as well as the death rates because of AIDS. The official rate is said to be 32% in the township areas around Port Elizabeth, although I am not sure how reliable this information is.

Seeing these living conditions and knowing that the apartheid regime were the creators of this segregated and unjust society, it is understandable that there is a general distrust towards whites and everything that is the white man's invention or idea. Segregation and isolation keeps people and cultures apart which causes little or no understanding for the other part.

It is also interesting to see that outside the areas of shacks, black people who can afford to build on their own put up new houses. This creates middleclass living areas next to the squatter camps making it very distinct that the segregation is not only by colour and geographically. I learned that black people often find it difficult to move into a white area because of the cultural difference. They rather build closer to where they grew up, have their family and know the surroundings. These areas seem to be counted in the townships as well, and it seems that it is not only the condition of the houses that decides whether it is a township or not, social and cultural factors also play a part. Therefore the township areas will probably remain, although they will hopefully provide better living for the inhabitants in the future.

### 3.4.2 Cultural Map of the world

The Cultural Map of the World (see next page), produced and guided by American sociologist Ronald Inglehart (published on <http://www.worldvaluessurvey.org/>) offers a general and comparative view on the remaining relatively strong impacts of tradition and religion related values and survival strategies in South Africa compared to many other, especially European nations. Because of the remaining, strong segregation in South Africa the nation can be rated from different perspectives depending on who, belonging to which ethnic group, information has been collected from. Asking the white minority would probably put South Africa further up and left on this map, closing up to the European and Anglo-Saxon worlds. But to the population in general, traditional values and norms still have strong impacts on ways of living and patterns of understanding the world.



### 3.5 The Education System and its impacts of HIV and AIDS

The education system covers 13 years and the compulsory years are grade one to grade nine. Thus grade R, the reception year, and grade ten to twelve are not compulsory. Grade 12 is also called the matric and an endorsement from that is generally required to enter university studies. Primary school is grade one to six and high school is grade seven to twelve. The education system is a mirror of the society it exists in and shows great contrasts and differences:

*"We have two education systems in South Africa. In the one we have rural and township schools characterised starkly by poverty, and in the other we have former Model C schools characterised by being well resourced due to the legacy of the past. Dysfunctionality, vulnerability, alienation and a lack of social cohesion characterise many of the township and rural schools.*

*The State has the primary responsibility to ensure the enjoyment of the right to basic education. Much has been done since 1994 and for this due credit must be given. Resources have been poured into schools in order to ensure equal treatment. However, resources are not enough. Of more concern is that in the South African context, recent research indicates that we are not seeing the outcomes in terms of quality education that were anticipated" (Human Rights Commission, 2006, p.2).*

In 2006 The South African Human Rights Commission published *Report of the Public Hearing on the Right to Basic Education* (the RBE report). The quotation above is an extract from the report and summarises the South African education system very well. The results of the hearing confirms all I have heard and read about education and the social environment

surrounding schools in South Africa. The RBE report brings up some key issues in chapter three, which impact on the right to basic education. I find these important to emphasize since they give an overview of the education system and at the same time its shortages and deficiencies.

Poverty is the first issue and one of the largest and most comprehensive problems. For example, it affects the accessibility to education for all. Most schools require a monthly fee from the learners and further they need uniforms and exercise books etc. Learners who have nothing to eat go to school hungry and this impacts on their attention in class and their health in general. For HIV infected persons it is particularly important to have a nutritious diet to keep infections away.

The drop-out rates from school are high, although there are disagreements around the numbers. The estimated numbers in the RBE report are: 26% of learners in grade 1-3, decreasing to 3,5% in grades 4-6 and again rising to 19,6% in grades 9 and 10 (p.21). South Africa is one of very few countries where there are more girls than boys in high school. That is of course pleasant, but what lies behind the lower numbers of boys might be reasons such as drop-outs into criminal and/or antisocial activities. Later many girls drop out of school because of pregnancies in the last years of education. The numbers of AIDS orphans is constantly increasing and in general many children also drop-out because they have to take care of siblings and households and sick family members.

The inclusivity for all in the education system is another important issue. Children with disabilities have little or no access to education. Children infected and affected by HIV and AIDS have special needs that teachers must take into consideration. Stigmatization and discrimination makes this a sensitive and difficult issue to deal with and as stated in the RBE report (p.22):

*...teachers are not generally aware of learners who have lost family members due to HIV/AIDS and that there is silence due to taboos and stigma surrounding sexuality and HIV/AIDS which prevents open discussion. However it is clear that the impact of HIV/AIDS makes existing challenges in the education system worse.*

In South Africa in general the rates of violence, abuse and rape are high compared to other countries. This is part of the reality in school as well, involving teachers as well as learners. Both teachers and learners should feel safe going to work or to school but this is not the case for many South Africans, especially girls and female teachers. Violence is also about vandalism in schools and burglars who steal the little equipment a school might have, and *infiltration of gangsterism and drugs in the school environment* (p.23)

Corporal punishment in school is nowadays forbidden in South Africa, but there is evidence that it still exists and is also supported by some parents. *Teachers respond by saying they don't know what alternatives to use* (p.23).

Many classrooms are overcrowded, textbooks and written material for the learners are lacking in rural and township schools, and so is often sanitation and clean water. Infrastructural issues of this kind, including electricity, telephones, repairing school buildings and building new ones, are mainly inherited from the Apartheid regime. Addressing all inequalities demand huge resources and take time to adjust.

Another key issue that attracted much attention during the public hearing was the teachers themselves. Having a key role in the education system and much responsibility for the well-being of the learners, much critique has been pointed towards the teachers:

*Whilst there are many teachers who are passionate, committed and hard working, the Public Hearing was told of too many teachers who have low morale; spend too little time in the classroom; are unqualified or underqualified; are not sufficiently trained in the new curriculum; use outdated teaching methods in classes that are too big; and, who are disconnected with the communities in which they teach (p.25).*

Many teachers are reported to have thoughts about leaving their job because they are dissatisfied with the working conditions, the work load, lack of recognition and possibilities for advancements etcetera.

During Apartheid teacher training was very poor especially for black teachers. During the last 12 years many teachers have therefore upgraded their education and received degrees which is a great improvement. In 1994 about 36% of teachers were unqualified or underqualified. According to a study in 2004 the rate seemed to have decreased to an estimated 8,3%. But *there appears to be a lack of educators with adequate training in Outcomes-Based Education (OBE), and in the new school curriculum (RNCs) (Teachers for the future, 2005, p.11)*, which tells there are still important issues of upgrading to deal with.

Another issue affecting the education system, its quality and accessibility for all, is the language. This is a complex issue in South Africa with eleven official languages and an ongoing discussion about language(s) of instruction. It is a basic assumption that learners should understand what the teacher says, but so is not always the case. It is also important to be able to speak ones mother-tongue well, as well as understanding a second language common with many other people, in this case English.

The two last key issues in the RBE report are *Governance and community participation* and *Service delivery and monitoring*. These are about the lack of involvement from parents and communities, which could increase the quality and functionality in schools (p.30) and about the *insufficient communication and planning taking place between national, provincial and district spheres of government* (p.31).



## 4. Method

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### 4.1 Methodological approach

The study applies a general qualitative approach, where the main body of information emanates from semi-structured interviews with six primary school teachers. Information have also been collected by the use of observations and study visits in schools, in combination with informal interviews and dialogues. I found this mix of data collection methods, a form of triangulation, to be appropriate given the complex circumstances in South Africa and according to the aim of this study. The combination of different ethnographic methods gives me a broader picture of the environment and a deeper insight in some teachers' situation, and it somewhat compensates the limit in time that I had for this study. To get to know a different society and all sides of it takes a lot of time, if it is even possible. I don't aim for the impossible here, I want to give a picture, as broad and covering as possible under the circumstances. For that I believe it helps using different methods. The observations, dialogues, informal interviews and study visits in the environment were all meant for learning about the surroundings, the context, where the teachers work. The results of this are presented in Chapter 3 Background and woven into the results of interviews. The aim of the interviews is more specifically to find out about the teachers' approach and opinions. I will present each method closer below.

An ethnographic study is not just about studying a society or a phenomenon from the outside, it is about being in the middle of it, participating, getting affected and getting impressions through all senses in all situations. The aim of this is to try and find *the 'actor's perspective'*; *that is, to see how the world looks from the perspective of a member of that society* (Helman, 1994, p.338). My study is limited in this matter since ethnographic studies normally take a long time to carry out.

In ethnographic studies the personal experience is valued highly. *The most important instrument in field work is the anthropologist himself* (Hylland Eriksen, 1999, p.27). In ethnographic field studies it is most important to participate as much as possible in the informants' activities, but at the same time to remember that ones presence affects the participants and what is happening in the situation. The only occasion in an ethnographic study where one comes really close to the reality, is in the presentation of interview results, especially in quotations (Hylland Eriksen, 1999, p.36). Everything else is an interpretation and attempt to describe the society with words from another society, often in another language, thus the one of the researcher. Therefore, the longer the researcher has visited the field, the more insight and understanding he or she will have and the higher the reliability will be.

I believe my earlier experience from South Africa<sup>3</sup> is important to acknowledge, since it has affected my preparations, strengthens my understanding of the results and it somewhat compensates the limitation in this case. It also affects my expectations and believe I was not very surprised about how different some things work in South Africa and how I was forced to

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<sup>3</sup> 4 months of exchange studies at the Nelson Mandela Metropolitan University in Port Elizabeth, 2005. The studies included both theoretical studies (for example about HIV and AIDS) and practical experience in a variety of schools.

adapt and adjust to local customs. For first time travellers to South Africa it might have taken more time and effort to understand and adjust.

#### 4.1.1 Open-ended semi-structured interviews

Among several different interview methods, I have chosen the semi-structured kind, combining it with open-ended questions. In a different society and culture I needed the open space that these interviews give. I believe this method gives the interviewees more freedom to answer the questions how they like. I wanted them to tell me with their own words, instead of confirming or denying statements that I am implying. Studies have also shown that people feel less threatened or embarrassed to talk when the question is open-ended, the chance of getting an answer is strikingly increasing (Bernard, 2006, p.269). Still with a small sample of six interviews I needed some consistency in the issues and questions that were raised, therefore I chose the semi-structured interview, having an interview guide<sup>4</sup> with questions to discuss. Because of the language barrier this also gives space for questions and corrections when something is not properly understood (Stukát, 2005, p.39). On the other hand this interview method is rather difficult to carry out and depends on the interviewers' flexibility and ability to quickly adjust to and react on what is being said. Many factors interplay and affect the results.

### 4.2 Disposition of the study

The data collection took place during May, June and July 2006 in South Africa. In the townships outside Port Elizabeth, I have carried out a number of interviews with teachers. I have also spent several days in schools and done study visits to observe and talk informally to teachers, principals and social workers, also in these areas around Port Elizabeth, plus rural areas north of King Williamstown (about 4 hours drive northeast).

#### 4.2.1 The schools in the study

The schools I visited and those where the interviewed teachers work, are all primary schools situated in Ibhayi, Port Elizabeth. Ibhayi is a cluster of townships with an estimated population of 400 000 people. According to an NGO working in the area the unemployment is approximately 80% and the HIV prevalence about 32%.

All the schools are poorly equipped, there are school buildings, tables and chairs, but the conditions are bad. Sanitation does exist but is often not clean and healthy. The classrooms are crowded and the average number of learners in the classrooms I visited is around 60. The learners have to buy their own exercise books and pens, normally they have no own access to text books, only the teacher has one. The learners copy what the teacher writes on the black board.

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<sup>4</sup> See Appendix for interview guide with questions.

## 4.3 Fieldwork

### 4.3.1 Document study

With limited time to explore and experience in real life, reading is a good way to find out about general conditions. Therefore the reports and documents I received from a few lecturers at the university came in handy. They were on mixed topics, but all connected to education and/or HIV and AIDS. South African newspapers are acknowledging HIV and AIDS by printing a number of articles. In the national weekly paper Sunday Times, a number of articles published at the time of my visit intended to build up HIV/AIDS related awareness among people and urging everyone to get tested. The articles offered a good background understanding to me while planning the interviews and while observing and talking to people in field.

The curriculum is an important document for every teacher. I have studied the Life Orientation curriculum, since that is where education about health, HIV and AIDS, sexuality, relations and connected issues, are included.

I have consequently aimed for information deriving from well known sources and organisations: the United Nations, SIDA<sup>5</sup>, the South African government and University institutions. I believe their information to be comparatively well-founded and reliable. Still it is important to be critical towards exact numbers and statements.

### 4.3.2 Study visits

In the townships where the schools are situated I have visited a local aid organisation. It works closely with many schools in the area, reaching tens of thousands of children. They work in different projects or initiatives and one of them is about HIV and AIDS. They inform both in schools and to the public about the epidemic in general, prevention, treatment and so on. They also have staff who regularly visits schools for counselling and teaching.

During schools visits I got the opportunity to talk to two social workers. This was in two different schools and they came from different organisations. The first one works for the local aid organisation I mentioned above. This woman is present at the school one day every week and she is then available for any learner and/or parent who wants and needs to speak to her. She gives counselling and support, contacts other institutions if the client wants her to and she tries in any way she can to help the clients. Often she can refer to the organisation she works for and the client can get further help there. She also gives lessons about sex, HIV and AIDS, drug and alcohol abuse, violence to the learners, thus relieves the pressure on the teachers. I followed her work in school during half a day.

The other social worker I met is also present at a school one day a week, but she represents a religious organisation. As I understand she is not involved in teaching in school, but is available all day for counselling. I followed her during work a couple of hours.

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<sup>5</sup> SIDA is the Swedish International Development cooperation Agency

### 4.3.3 Observations

Now and then during visits to schools an opportunity to sit in during a lesson came up. It was not always a lesson on HIV and AIDS, sex or such related subjects, but I found it important and informative for me to take part of this, since it tells a lot about the teaching climate in a school and the teacher's relation to the class. But I'm also very aware that a lesson with me in the classroom is not as the average lessons, since the learners attention often is towards me.

An invitation to follow two researchers from the Nelson Mandela Metropolitan University in their fieldwork during 4 days was a great bonus for me. We went to schools in the rural areas outside King Williamstown, in Eastern Cape, areas that are otherwise inaccessible for me. I was not able to carry out any interviews on my own, but I had short dialogues with teachers and made observations while attending the research my co-travellers did. Conditions there are mainly the same as in township schools, but the classrooms are sometimes even more crowded, and many learners have to walk at least an hour or two every day to get to school. It is said to be difficult to get (educated) teachers to the rural schools, mainly because of transport problems.

### 4.3.4 Interviews

Out of 15-20 attempts and interrupted interviews, six were completed. I have visited most teachers at their school, except for two of them who received me in their homes. My informants have willingly helped me to carry out the study, although it touches on a sensitive and stigmatized topic. In most cases it's my contacts at the university, mainly my South African supervisor, who have brought me to schools and presented me. Thereafter the so called snowball technique has helped me, which means that an informant helps the researcher with contacts who can provide further information (Bernard, 2006:192ff). Rarely did I have to ask for other teachers to talk to, several teachers suggested me to ask certain persons for further information, saying "she will help you with this" and so on. One teacher has even called me afterwards saying she knows a person, a principal, who is interested in talking to me and to help with further interviews, that I may say, shows commitment and interest in my study. In the holidays she received me in her own home and after several hours of conversation and discussions she welcomed me to her school first day after the holiday.

I report the six completed interviews in the results. Three of the interviewees are male and four are female teachers. One interview was with two male teachers at the same time. It was not planned like that but they both arrived for the interview and I did not (could not) object. They answered most questions individually and completed each other well. Shortly after the interview I came up with some further questions, but at that point only one of them was present. In my results I see this as one interview.

All of the teachers are educated, some of them during the apartheid era, but have since upgraded their education. All of them teach Life Orientation in grade 4-7 and are more or less educated to do so. The teachers are between 30-50 years of age and have been teaching for 7-26 years now. One male teacher is coloured and the other six are black. I consider this important to acknowledge since being coloured and teaching in a black township school might cause some differences and difficulties in cultural values and traditions and he doesn't speak

Xhosa, his first language is Afrikaans<sup>6</sup>. But I will not examine the effect of this in the results further, to do so I need a bigger sample of persons of different cultures and it gives the study a different focus.

As Hylland Eriksen points out it is important to consider whether the informants are fair representatives for their group, in this case Life Orientation teachers in primary school (Hylland Eriksen, 1999, p.28). Having only six interviews in the sample I believe I was lucky to find a reasonable variation of men, women and ages, some worked a long time already and some recently graduated. Using contacts and the snowball effect to get interviews involves taking some chances in this matter. Consequently I have a number of interviews that were not carried out for different reasons.

Bernard writes that the snowball effect is appropriate to use in a smaller population than a large. Since I was looking for teachers in primary school and life Orientation, all working in the township schools, I consider them belonging to a small population. The sample is thus fairly representative.

#### 4.3.5 Impediments

In most interview situations there was a need for flexibility since many meetings have been postponed, interrupted or cancelled. Almost anything that can affect an interview situation has occurred at some point during my research, even natural causes as a terrible storm with following flooding came in my way. Patience, flexibility and persistency has therefore been leading in this research.

#### 4.3.6 Limitations

I have visited schools both in township and rural areas for observation and dialogues, but I was only able to have interviews in the township schools. This limits my study to teachers who work and live in urban areas. It would have been an interesting aspect to have interviews with teachers from rural schools as well, since I've learned that the cultural and social aspects (values, traditions etc) are generally stronger in rural areas, than in urban.

Only primary school teachers (grade 1-7) have been interviewed. In South Africa education about HIV and AIDS starts at an early age<sup>7</sup>. The main focus on sex-education and deeper knowledge about HIV and AIDS starts in grade 8-9. But my study focuses not only on how

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<sup>6</sup> Among the participants of this study from the same school as the coloured teacher it can be figured out who this person is, but since I don't mark anywhere what he specifically has been telling me, I feel confident that this will not cause any trouble for him and the anonymity in answers will be secured.

<sup>7</sup> It might seem very early to teach about HIV and sex-related subjects already in primary school, but the fact is that teachers need to, if they want to *prevent* learners from being at risk of infection. The sexual debut often happens at the age of 12-13 according to my sources. With the high prevalence of HIV and AIDS in townships and rural areas most children have someone in close family who is sick or has already passed away. The living circumstances with little privacy also expose the children to family members having sex. Therefore the awareness of the presence of AIDS is high among young children, although their understanding of it is low. All this makes early sex education and HIV and AIDS information important. Of course with careful consideration to the degree of difficulty, which requires good knowledge and education.

teachers teach about sex and HIV and AIDS, but also on how they cope in general and on their views and opinions around the issue. I will also be a primary teacher myself, therefore it is relevant to me to involve and concentrate only on them.

I have been considering the value of having a questionnaire or similar written material to compare the interview results with. Writing answers anonymously in a questionnaire can be more free and open, concerning opinions. In a stigmatizing environment it can be positive. But the fact of writing can also be very limiting, especially in a foreign language. It takes time and the amount of information will probably be smaller and more difficult to understand and interpret. My experience is that many South Africans, who speak English as a second language as my informants do, can speak a lot better than they write English. Therefore I saw no notable advantage in that method in this study.

#### 4.3.7 Reliability

In this study I have chosen a qualitative approach and therefore have to accept the decline in reliability of the results, compared to other strict scientific methods. Asking open-ended questions opens up for individual answers from the interviewees, thus it is difficult to reproduce the study and get exactly the same answers. Although small, the sample is representative and chosen from a specific group, namely educated Life Orientation teachers, in urban township schools, in South Africa.

Validity is a complex conception, but also important. I have questioned myself if I am really studying what I aim to study here and believe that I have. Nonetheless there is much else which has also been studied and affected my interpretation. Throughout this report I try to be clear on my choices and explain them carefully, thereby increasing the validity (Stukát, 2005, p.128-129).

In chapter 7 I will discuss problems related to the study and the methods.

#### 4.3.8 Ethical considerations

To protect the participants of this study total anonymity is guaranteed. The teachers were informed from the very beginning of this, as well as of their free choice to participate, to interrupt the interview whenever they felt like or not to answer a question. Nobody but the author has listened or will ever listen to the recorded material. The author also guarantees the participants that the information given will only be used for the purpose of this study.

## 5. Theoretical framework

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This study deals with one of the largest epidemics the human being has seen. It is comprehensive, fast spreading and deadly. Research tells that HIV existed back in the first half of the 20<sup>th</sup> century, but not until 1981 AIDS and the HI virus were described and established (Kallings, 2005, p.22f). Since then the spread over the world has been explosive. To explain this spread is a complex matter and the epidemic shows different patterns in different parts of the world. These patterns are often connected to cultural and social aspects, depending on what is more or less acceptable and accessible, such as drugs, homosexuality, multiple partners, paid sex and unsafe sex.

The aim of this study is to look at how some teachers approach the impacts of HIV and AIDS on education. Seeing this in the shadow of cultural and social aspects gives the study a perspective of power. Power that is expressed through values, traditions, norms, social relations and cultural expressions, all embedded in the structures of social systems. In order to connect my study to relevant theories in this field, I find it suitable to bring up Pierre Bourdieus ideas about different kinds of capital and Anthony Giddens' structural theory. Both discuss relations between individual actors and the structures and powers in a society. I find these relations interesting and valuable for the analysis of this study. Searching Giddens and Bourdieu one finds a huge amount of literature, articles and different interpretations. Here I have chosen a few aspects I find relevant.

### 5.1 Giddens' structural theory

Actors in every society make choices and act constantly, but they don't just act in a haphazard manner. There are always structures giving the conditions for the actions. This is what Giddens tries to connect to his structural theory. The problem he deals with is that on the one hand an actor can choose, on purpose to achieve something. On the other hand actors are always under influence and pressure to choose in certain directions, depending on the structures. Giddens' solution or explanation to this is that there is a duality of structure (Hylland Eriksen, 1999, p.90-91). This means there is a reciprocity and dependence between action and structure; actors reproduce the structures through their actions, and the structure controls or affects the actors (Haglund, 2004, p.86). Thus the difference in Giddens' theory compared to others is that structure is not something steady and fix that controls actors, nor is it only reproduced by the actors who act according to it. There is a constant interaction between actor and structure.

Structure can also be seen as a characteristic of social systems. Giddens describes a social system as *patterns of reproduced practises and social relations manifested in time and space* (Giddens, 1984, in Haglund, 2004, p.88). Thus social systems are structured beyond the control of individuals, still their actions are 'fuel' for the reproduction. A feeling of control for the individuals can although appear, if they find some routines in their actions. Routines offer continuity and a feeling of security for individuals who in turn will aim to uphold the routines and structures.

Structures also incorporate resources and Giddens uses 'authority' to describe how power can be exercised towards other persons and 'allocation' describing power over objects (ibid, p.90).

These powers can be exercised by everyone in theory, but in practise the power relations are usually unequal. Some parts are more dominant than other.

## 5.2 Bourdieu's theories about capital and habitus

*Cultural capital is defined as a form of knowledge that controls the empathy of agents for, or their valuation of, different cultural expressions* (Bourdieu, 1984, in Karlsen Baeck, 2005, p.219) In general those belonging to the dominant culture have cultural capital, since they have power to impose their ideas on others. In an educational context this can be noticed through how the dominant groups can impose their ideas as the base for educational activities. The educational system can also maintain a group's dominance through awarding specific behaviour or characteristics.

Social capital is about resources such as relations or memberships in networks and specific groups (Karlsen Baeck, 2005, p.219). Knowing the right persons or belonging to the right networks can also involve a gain of other resources such as economic capital. A person who is good at getting contacts and maintaining relationships of different kinds is therefore likely to have large capitals. It is therefore depending much on *the relations between actors, not the actors themselves* (Hallberg & Pettersson, 2005, p.16). Social capital can also be divided into *structural* and *cognitive /.../ components*. The first referring to *networks* and *associations* one can take part in, and the latter refers to *norms* and *trust* (Hallberg & Pettersson, 2005, p.17).

Bourdieu's term habitus can be defined as *enduring and learned dispositions of action. It is registered into body and conscience as an internalised program of action* (Hylland Eriksen, 1999, p.95). No one could describe one's own habitus, since it goes beyond self reflection and consciousness. Habitus are all cultural aspects including beliefs, habits, values and all which binds an individual to a group. It is shaped mainly during socialization in childhood, but new experiences and ideas are added all life.

The way we think and reason about health and sickness is brought to us by our socializing processes, starting the very day we are born. Just as the beliefs systems vary all over the world, the beliefs around health and sickness vary depending on the culture, social systems, the role of religion, access to traditional healers or access to welfare systems and biomedical health care. Every society, big or small, has a unique combination of historical, cultural, socio-economic and religious factors telling the circumstances for that particular society

## 5.3 Culture, Health and Illness

Around the world there are different ways of understanding and dealing with health and illness. One rather new and fast growing discipline of anthropology tries to deal with this: medical anthropology. Traditionally anthropology mainly looks at small scale societies, on a local level. But with the increased need of national and global perspectives concerning major human threats such as global warming, overpopulation and the AIDS epidemic, anthropology in general has started to widen its research fields. Medical anthropology gives an interesting angle on health and sickness through its so called *biocultural* perspective, *integrating both medical science and biology with the social and behavioural sciences*. Through this combination of sciences the discipline can provide *an overview of the diversity of beliefs and behaviours found worldwide, and the relation of these to health and disease* (Helman, 1994,



p.338-339). Concerning the HIV and AIDS epidemic, medical anthropology is important because there is a need to approach the difficulties of the epidemic on a broad scale. Searching for a vaccine is not enough, *the complex social, cultural and economic environments in which the disease is embedded* must also be noticed and dealt with (ibid, p.346-347). Further Helman writes that

*...prejudices, and fears associated with them, can undermine attempts to identify, treat and control the disease, and to offer its victims the care and compassion they deserve. Thus the moral and ideological attitudes of a society towards AIDS are just as relevant to its control as is the search for a vaccine* (ibid, p.347).

In ethnographic research it is always important to remember that the informants might say one thing in the study and then do another in reality. Especially when it comes to issues concerning sexual behaviours, the taboos and the stigmatization is strong and prevents people from telling the truth or speaking at all (ibid, p.350). Research about sexual behaviour was not very extensive until HIV and AIDS came into the field, and since then many patterns and important structures have been elucidated.

The teachers in this study are all socialised in the South African society, grown up with the Apartheid system and gone through a lot of changes during the last years. This forms their capital and habitus in different ways and it affects the structures their society is built upon as well. It is not a coincidence that the education system looks as it does, it is a consequence of all the people who participate in it, the different resources the system allocates and the power they exercise towards each other. Understanding the existing structures might be hard, but not as hard as to change them. Basically it would be up to the actions of the participants to make a change, to break patterns and show new directions. Still, actors attempting to alter systems' structures will normally find them very strongly embedded, almost unbendable, and many times beyond the control and influences of the actors. The close reason to the system's unwillingness to change, would be that structural changes affect system members' relations, positions and hierarchies; concepts based upon existing and historical allocations of power. Giddens refer to this state as one struck by 'ontological anguish' promoting members to stick to the old, known structures, sometimes in spite of a logical understanding of the needs of changes.

## 5.4 The Curriculum

This chapter aims to provide very brief information about the South African National Curriculum, since it is the foundation for the teacher profession. It is based on the Constitution of the Republic of South Africa, which is known to be one of the most progressive constitutions in the world. In realising the aims of the constitution, education plays an important role. As stated in the curriculum:

*Issues such as poverty, inequality, race, gender, age, disability and challenges such as HIV/AIDS all influence the degree and way in which learners can participate in schooling. The Revised National Curriculum Statement Grades R-9 (Schools) adopts an inclusive approach by specifying the minimum requirements for all learners. All the Learning Area Statements try to create an awareness of the relationship between social justice, human rights, a healthy environment and inclusivity. Learners are also encouraged to develop knowledge and under-standing of the rich diversity of this country, including the cultural, religious and ethnic components of this diversity.*

The foundation of the South African curriculum is Outcomes-based Education (OBE). One of the Learning Areas is Life Orientation, which focuses on health promotion, social and personal development, physical development and movement, and orientation to the world of work. These focus areas *all address the human and environmental rights outlined in the South African Constitution.*

Specific for each grade, Life Orientation is divided into Learning Outcomes followed by Assessment standards. Since this study deals with HIV and AIDS in education, focus is here on 'Health promotion' as a Learning Outcome. Already in the Foundation phase (grades R-3) HIV and AIDS is brought up:

*The learner in the Foundation Phase is exposed to communicable childhood diseases. Therefore, the learner should have knowledge of these diseases, as well as of HIV/AIDS. At this age, the learner is vulnerable to abuse. Safety measures particularly relevant to the learner in this Phase should be addressed.*

In the Intermediate Phase (grades 4-6), where the teachers in this study work, the Learning Outcome is expressed:

*The Intermediate Phase learner further develops investigative skills. Health and safety aspects are, therefore, expanded to include substance abuse. The learner at this age is becoming increasingly aware of his or her own sexuality. Hence, the learner should be nurtured in a sensitive and caring manner, while at the same time alerted to the associated risks.*

Specifically concerning HIV and AIDS it is stated that the learner in grade six should be able to explain *causes of communicable diseases (including HIV and AIDS) and available cures, and evaluate prevention strategies, in relation to community norms and personal values.*

## 6. Results

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### 6.1 Change of study focus

From the beginning, when applying for the Minor Field Study Scholarship, I was aiming to do research on the implication process of HIV and AIDS policies concerning education, if there is a connection between policy and practise. Quite soon I realised that the contacts I had would unfortunately not lead me to the right persons. To manage that on my own would have been an effort larger than this project itself. But there are many other interesting study areas to investigate further and I was already prepared for the possibility that things don't always work as planned.

With advice from my supervisors both in Sweden and South Africa I came to the conclusion to look closer at the teachers' situation. Mainly quantitative research is done on the level of knowledge among teachers and how schools are affected by the HIV and AIDS epidemic. I felt a need to talk to the teachers themselves about how they handle the impacts of HIV and AIDS in everyday life and their work.

### 6.2 Social and cultural aspects connected to HIV and AIDS

Here I will present some common and distinct aspects drawn from the social and cultural environment in South Africa. In any society there are many different aspects of life and they are all interconnected.

This chapter is a result of informal interviews, study visits, observations and most of all document studies in South Africa. I aim to bring up aspects that are connected to the HIV and AIDS issue in one way or other. Where I have collected information from written material I will give references to the source. All other information in this chapter comes from my own notes and memorandum, gathered during the period of research. There is no other guarantee but myself to prove that the sources are reliable and independent. But I believe the reader will notice that most of the content here is repeated in other chapters, such as Background, Theoretical framework and Results, in those cases with references.

#### 6.2.1 Poverty and commercial sex

Most of the people infected and affected by HIV and AIDS are poor. The link between AIDS and poverty is strong all over the world and it is a vicious circle where AIDS increases poverty and poverty increases the risk of infection. Lack of education is also an important factor in this matter. Poor people are more often illiterate and have got little or no education. Therefore information and knowledge about HIV and AIDS is also often low.

For poor people the access to health care is low, just like access to education, since it often costs money. Living under poor circumstances also decreases possibilities to live healthy with nutritious food and clean water. Once infected by HIV it is very important to stay clean and healthy through eating well and taking care of the body, to stop infections and live longer.

Since the beginning of the HIV epidemic in the 1980's many studies on sexual behaviour have been undertaken all over the world. To understand sexual behaviour in Africa different expressions needed to be developed. In the tracks of these studies researchers have come across new patterns of sexual behaviour.

I was introduced to the expression 'transactional sex' earlier this year in South Africa. This is a sexual exchange for material gains, seemingly becoming more and more common among young girls. The author of an article I read about it, argued that this is a form of sexual exchange oriented towards consumption rather than subsistence or survival. It does not necessarily have to do with severe poverty, instead it seems to be driven by the desire to *pursue images and ideals largely created by the media and globalization* (Leclerc-Madlala, p.1). In short it can be explained as relationships between men and women, where the woman in exchange of sex gets, and expects, presents like cell phones, clothes or jewellery. This kind of relation is *not assigned the same negative connotations of prostitution*, (ibid, p.16) since prostitution normally involves a pre-determined contract with cash payment. In transactional sex, there might be long-term relationships, but also acceptance of multiple partners and very sporadic meetings. Therefore it is common also for women to have several partners, to cover the needs over longer time periods. These new patterns, in combination with prostitution as we know it from before, creates a huge market for sex exchange where money or material gains are always involved, just like the risk of HIV infection. The study by Leclerc-Madlala also showed that the awareness of HIV and AIDS among people engaged in transactional sex is high. Still very few left relationships because of risk of infection, since the desire for what the relationships brought them was stronger.

### 6.2.2 Migrant labour and male power

In South Africa there has been and still is a system of migrant labour, actually it existed *for over a hundred years and has played a critical role in the wider development of industry* (Walker, Reid & Cornell, 2004, p.63). During Apartheid one of the few chances for black uneducated people to get a job was to go to work in the mines. At the same time families were forced to move into homelands, thus many families were separated.

*The long term separation of migrant men from their wives and families, along with the ever-present dangers of mining work and other high-risk, low-paid jobs (such as in foundries), helped foster aggressive masculinities and sexualities among migrant labourers. These in turn have contributed massively to the rapid spread of HIV/AIDS* (ibid, p.64).

This is a rather provocative statement, but I think it is important to acknowledge the male dominance and harsh attitudes among many South African men, especially towards women and related to sex. This in combination with the acceptance of multiple partners for men, provides a free scope for HIV to spread. It is a fact that South Africa has the highest rape statistics in the world (ibid, p.17), coercive sex is very common and a woman can practically not say no to sex.

*All social relationships are characterised by an unequal balance between men and women. In South Africa this balance is heavily weighted in favour of men. Men are better educated, earn more than women, wield more power in society and have greater social status. Since South Africa's transition to democracy in 1994, these inequalities have been challenged by the state and the legal system* (ibid, p.38).

Since 1994 things have changed a little, but still *violence against women is endemic* (ibid, p.38) coercive sex, rape, violence and abuse is common. To insist on using a condom seems impossible since the girl is then often accused of being sick. Between married partners it is a matter of trust in each other, that the other one is faithful. Then there is also the common attitude towards using condoms: *it's like eating sweets with the wrapper on* (ibid, p.34).

Men's violence towards women is a means to show power and control, which is part of expressing male authority. Research has shown that some men and women actually believe that male sexuality is a biological force, leaving them no choice; multiple partners and the right to use violence is their right. Some see it even as a duty for a man to force himself on a woman. If a man cannot fulfil this dominant role and be the provider of the family, he is a failure, which in turn might cause even more aggressiveness (ibid, p.32).<sup>8</sup>

### 6.2.3 Stigma, prejudice and distrust

As mentioned above, insisting on using a condom is not easily done. It implies that one has a sickness and to confess ones HIV status in South Africa is still very rare. The stigmatization is strong because of fear of isolation and discrimination. It is not unusual that even the closest family members reject the infected leaving them to die all alone. For example in schools this is a dilemma for teachers, noticing children being absent for long periods, that their performance might be decreasing and they are not feeling well in general. To bring this up and want to help can be a difficult and sensitive issue, since families often deny sickness and reject any kind of help. I have even been told stories about sick family members being taken to rural areas to die there, probably a consequence of shame, stigma and inability to pay for health care.

Because of the recent Apartheid oppression there is a general distrust among non-whites towards any idea or concept coming from white people. Most concerns in society can be seen through political and racial perspectives and it's one reason for prejudices to appear, like those about AIDS being planted among black by white people or condoms being promoted to control and limit the growth of their population. Probably the most terrible prejudice, causing trauma for the exposed and vulnerable girls, is the idea that sex with a virgin cures AIDS. I am not sure of the extent of this, but since it is common in debates and often heard of, it seems to be frequent.

I could make a long list of different prejudices I heard of in South Africa, but there is no point in such a presentation here. I consider it enough noticing that prejudices exist and are common. Prejudice stems from distrust, lack of knowledge and confusion because of too many differing messages among the information on sex and HIV and AIDS.

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<sup>8</sup> The extent of these statements on male power and gender issues can be argued about. I bring them up to show discussions and attitudes existing in South African society. This information is gathered from reports that build on studies all over the nation and I have mainly chosen parts of the information that have been confirmed to me in one way or other.

#### 6.2.4 Traditional beliefs versus biomedical science

HIV and AIDS information and education in South Africa is generally based on biomedical science. But among black people the cultural beliefs about witchcraft and traditional healing remain strong. Traditional medicine is sold in the streets and many people still go to traditional healers for help and cure. This affects peoples understandings for health and illness profoundly and is an important issue to handle in the fight against HIV and AIDS.

According to the biomedical facts HIV is a virus eventually leading to the syndrome called AIDS when the so called CD4 account in the blood is under 200 (a healthy person has app. 1200). At this point the immune system, which is depending on the CD4 cells, is so weak it cannot defend the body against diseases and the infected become very ill and eventually die, since there is no cure for AIDS today. With medicine and a healthy nutritious living the infected person can live many years before acquiring AIDS.

*Traditional healers usually take a holistic approach, dealing with all aspects of the patients life, social context and psychological state. They provide culturally familiar ways of explaining the cause and timing of ill health and its relationship to the social and supernatural worlds. Healers provide medicine for the 'affairs of daily life'. They also provide a conceptual framework that helps many of their patients to understand their illnesses. (Walker, Reid & Cornell, 2004, p.94)*

Traditional medicine is complex and includes many variations in different cultures throughout whole Africa. There are often different healers for different causes and most common in South Africa is the Sangoma, who is possessed by spirits and the Inyanga who is a herbalist. The beliefs about witchcraft are strong and affect the daily life of many people. It can explain misfortune, illness, death and other situations *where no obvious reason can be found* (ibid, p.100). The spread of HIV combined with little knowledge about the virus, gives plenty of room for explanations like 'possession of evil spirits' often because of bad or wrong behaviour have become common. Illnesses with similar effects as HIV and AIDS have been existing for a long time and therefore the explanations are well accepted. But there is very little and arbitrary evidence that traditional healing has succeeded in curing AIDS, although it seems to help people boost their immune system to feel better and stay healthy for a longer time.

#### 6.2.5 Government statements and lack of commitment

Another aspect that seems to affect people is the lack of government commitment in South Africa. For example little is being done to help infected get access to medicine and the views on HIV and AIDS outspoken by the president himself and several ministers are controversial. It has been a long debate and the winds of change seem to be blowing. President Mbeki long denied the relation between HIV and AIDS, instead he said that AIDS is a poverty disease, which is not completely wrong, since the epidemic is connected to poverty, but not originating from it. Other famous words come from the minister of health, Mrs Shabalala Msimang, promoting a healthy diet of garlic and beetroots as better than ARV's<sup>9</sup>. The court process of Jacob Zuma accused of rape on a younger female relative, is also very famous. He admitted having sex with the woman and he knew she was HIV positive, but defended

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<sup>9</sup> ARV's are antiretroviral drugs to help boost the immune system broken down by the HI virus. Helps HIV infected people to live a longer and healthier life.

himself saying he had a shower afterwards to *minimize the risk of contracting the disease* (Molele, Malefane, & Mafela, 2006). In his response on the court questioning he also talked about customs of the Zulu culture, that it is unacceptable to leave a woman in the middle of the sexual act, because *she could even have you arrested and charged of rape*. He also said he was ready to marry the woman and pay the requested lobola<sup>10</sup> according to Zulu culture. Mr Zuma was found not guilty in Johannesburg High Court.

These are just a few brief examples of long debates with many controversies in South African politics. I spoke to many people who are upset about these views expressed by their leaders, saying that it gives wrong signals to people, they get confused and believe in the words of the leaders, even though other information contradicts them. Many people are now demanding the resignation of the minister of health, but former deputy president Zuma seems to have gained popularity since the verdict of not guilty. He is even spoken about as the next president of South Africa.

By bringing up these aspects of social and cultural life in South Africa I hope the reader now has a broader picture of the complexity surrounding the problems and difficulties related to education and HIV and AIDS. Notice that what I have mentioned here is a generalisation based on document studies and experiences from observations and dialogues with South Africans.

## 6.3 Interview results

Even the never completed interviews can serve as a result per se. It's an indication on how stigmatized and complex the issue of HIV and AIDS is. Many people hesitate and avoid to talk to anyone about it, so with me. On the other hand some might feel comfortable talking to me, just because I'm not one of them and I promise them anonymity and confidence.

Because of the semi-structured and open-ended kind of interviews the amount of information from each of the interviews varies. I will present the results under some headlines connected to the main questions of this study.

The interview results compose a complex mass of material which is not easily read through. Here I will render my summary of the results, thus concluding what I find interesting and worth noticing. Even where I do not quote the teachers I try as much as possible to use the same words and expressions as they use.

### 6.3.1 Teaching about sex, HIV and AIDS

The teachers use a variety of methods to teach about HIV and AIDS, sex and other related issues. Most common of all methods is to teach from the book or the learning material that is available. The learners don't have books but the teacher usually has one. In their Life Orientation learning material there are nowadays sections on HIV and AIDS, sexuality and related issues. All the teachers seem to have this as the main focus in their teaching, complementing it with discussions and activities.

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<sup>10</sup> Lobola is a bride wealth paid by the man's family to the woman's family. According to tradition Lobola is paid with cows, but nowadays it is more often paid with money, still according to what the cows are worth.

*It is included in our syllabus<sup>11</sup> because we are teaching life skills. Then there are chapter on HIV and AIDS and awareness how you would get it, how you can prevent yourself from being infected /.../ how do you care about those living with HIV also, not to have stigmatisation, /.../ and also how to look at HIV in our society. So we got programs<sup>12</sup> we are doing.*

Discussions are also common, some teachers very consciously choose issues to discuss. One teacher says *I know a few who are sexually active so I try to sensitise that. At this stage they are very young...* The teacher has also discussed media messages and invited people, for example nurses, to school and she has brought children to ‘loveLife Games’<sup>13</sup> and other projects arranged in the surroundings of the school.

Letting the learners do posters on specific issues seems to be quite common: *I usually let them do some posters /.../ I throw them a rubric...* The teachers give the learners a headline or slogan that they have to develop and draw some important aspects on. As an example, one poster had a slogan “Say no to sex”, highlighting what you can do with your boyfriend/girlfriend instead and why it is good to wait until you marry etcetera.

One teacher tells me she used to work with NGO’s where she gave a lesson, it is a story to start discussions and thoughts around moral issues. In short, the story is about a young couple in love and they live on two sides of a huge river. To be able to visit her boyfriend the girl is offered help from another boy. But only if she has sex with him first. She sees no other way to meet her boyfriend and agrees. Later, on the other side of the river the couple is happy to meet. The girl tells her boyfriend about the other boy and the boyfriend gets very angry and disappointed and breaks up with her. Who was wrong in this story, the boy demanding sex to help the girl, the girl who agreed or the boyfriend who broke up with his girlfriend? *With this I wanted them to give feedback in groups, to report back /.../ how they see the story.* The teacher said there have been many interesting discussions coming out of this story but also terrible insights when realising what opinions the learners had in this issue. It was common that they said the boyfriend was wrong and the guy demanding sex in exchange was doing the right thing.

Another teacher tells *we do role plays sometimes* so the learners can act and understand different roles. *They enjoy it a lot!* she says, and she thinks they commit more to that kind of activity than if the lesson is only about discussion and learning what the book says.

In one of the schools where my interviewees work they have support from an NGO providing a social worker who is counselling as well as teaching about sex, HIV and AIDS. One of the teachers at this school expressed it as *it is done for us at this school* and seemingly leaving it totally in their hands, while another teacher seemed very committed to teaching anyway, saying that help from this NGO is a bonus and extra help when they feel they can’t help the children sufficiently.

The teachers generally say they are comfortable teaching about HIV and sex-related subjects. Someone says it’s more comfortable with the younger ones and another is more comfortable

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<sup>11</sup> Syllabus is another word for the curriculum.

<sup>12</sup> ‘The programs’ are the chapters in the books or the learning material that the teachers follow

<sup>13</sup> ‘loveLife’ is a national HIV prevention programme for youth. ([www.lovelife.co.za](http://www.lovelife.co.za))



teaching teenagers. So that varies a little, but none of the interviewees had any problems teaching about it.

### 6.3.2 The teacher's role

*My role is to teach the learners, teach about prevention, transmission, how it works, the disease... Most of the teachers saw as their role to teach; to educate the little ones. It is better to go and do something you know is wrong than having no clue at all.*

Another teacher also talked about the activities around school: *For example I tried to find help for some kids in my school. Some white people I know give them clothes and a German friend is sponsoring orphans with school material. /.../ I also give counselling and support in and around the school.* Yet another teacher says:

*... play your role as a teacher, to educate them now... about... you know, being careless and that could lead to HIV and AIDS. And that you have choices, you HAVE to have an option in life, you know, the second plan, always. Because if the first one doesn't work /.../ you have to look for other options /.../ so, ja, to bring even the hope to them.*

To motivate and encourage the learners seems important to several of the teachers. One talks a lot about setting an example:

*...set an example in your lifestyle and that means every area of your life... not just the... sexual part. But you should also be a leader... you should be seen as a teacher, one who has morals, who has beliefs /.../ what I actually say is your lifestyle at first should inspire kids to live right /.../ secondly, to teach them at regular intervals /.../ not just once off, but regularly remind them of how they should live and what's right and what's wrong. And the... the teachers /.../ getting involved in practical teaching where you are not tied up in administration or whatever...*

### 6.3.3 Teaching according to ones own beliefs

The quotation that I use as the title of the study: *We are teaching according to reality*, is part of an answer on whether the teachers feel they can teach according to their own beliefs or not. As I understand it they teach as if there are no different beliefs about what HIV and AIDS is, everyone is aware of its presence, as they say.

*We are teaching according the things that we know about HIV, what everybody knows about it. We don't go to those things in the olden days<sup>14</sup> /.../ What is happening is really killing people and everybody is now aware of it. So there is no point in saying I got this belief, you get HIV from this and you won't get HIV from that... We all know what is happening.*

One teacher says *honestly, I don't handle the traditions in school. They do that at home, it's a decision of the family. /.../ we keep different beliefs separately.* Later she also says: *HIV is something new, I don't have my own values, I teach according to what the books say.*

Another teacher says she can't really teach according to her own beliefs. She has to adjust because the learners have their rights and she must respect them. Similar views are expressed

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<sup>14</sup> "the olden days" refers to what was said just before that in the interview about traditional medicine and healers, claimed by the teacher to be disappearing nowadays.

by one other teacher saying she can teach according to her own beliefs *in some way /.../ but not all the time*. Still when asked what their own beliefs around HIV and AIDS are, they say they believe in the biomedical explanations, although someone said the traditional healing might help boost the immune system. Another teacher told me she believes we need to go back to the beliefs of *discipline and Christianity* of our forefathers. Today we have *forgotten about our roots*, going back to them will help us. *We should look up to our parents instead of westernizing*, she said.

### 6.3.4 Problems and difficulties

#### 6.3.4.1 In society in general

The most emphasized problem was poverty and it is something that permeates many different parts of society and people's lives. The teachers talked about *poverty* meaning lack of resources, not being able to *buy food or medicine* and access to clean water for example. They also see the *unemployment* as a big problem, both concerning poverty and social problems in general. Many of the interviews were carried out in the townships, where the teachers could show me straight off how people live in the shacks with no sanitation, a total lack of facilities and no privacy.

Another big problem in the South African society is the *stigmatization*, according to the teachers. One teacher says that people don't tell their status *because they are afraid*. *This will take a long time to change*. Another says that people are not aware, but that is contradicted by others, saying that everyone is aware, *we all know what is happening*, as I quoted above. This is closely connected to the often emphasized *ignorance*, that people simply don't care even if they know what they should do. Alcohol and drug abuse adds to this, since it gets people out of control. Several teachers express worries that very young people go to the taverns, drink a lot and then have unsafe sex and multiple partners.

Towards the end of one interview, talking about how difficult it is to get people to listen and care, the teacher bursts out:

*It's better with white people! I'm sorry to say so (laughing) but blacks don't care. It's the same all over Africa, people say "they don't want us to have children"... now people die like flies and still they are stubborn. /.../ Maybe in America it's better, more control...*

#### 6.3.4.2 In teaching and in school

When talking about problems and difficulties the teachers encounter and have to deal with in school, parental involvement was mentioned several times. Very few parents seem to cooperate with school and educate their children, especially when it comes to sex education. Here the stigma and the taboos are very strong. One teacher expresses worries about this, that *education is not extended outside school, it is not being consolidated*.

One teacher says also that it would help a lot to know the learners' HIV status, *my approach would be different*. This teacher can't say exactly in what way the approach would be different, but considerations would be made, *I would be more sensitive /.../ do more research*. Stereotyping is another mentioned problem. The society around the schools is full of prejudices and preconceptions which the learners hear. With such huge classes and little contact with the learners families it is not easy to get to know each other and that is worrying teachers.

One teacher expressed it as a problem to have an HIV positive child in the class. Infected persons often have long absence periods, the learners' performance in school can decrease a lot and there can be other *problems of the kid*. In general, I was told that *learners don't listen*. Especially when it comes to issues as sex, relations and HIV *they just laugh* and don't seem to take notice on what is said. Ignorance among the learners came up in most interviews several times and was seen as a big problem. It's about ignorance towards what the teachers say and teach as well as carelessness in general among youth. Carelessness and ignorance towards education and information about how to protect oneself, abstinence, protection and safe sex, alcohol and drugs, acceptance of violence and abuse are all issues that have been brought up now and then during all the interviews.

*This change in education, OBE, RNCS, NCS... it is difficult*<sup>15</sup>. One teacher emphasized this a lot, seeing lots of trouble adjusting to the revised curricula, because in recent years the curriculum has changed several times and in different aspects<sup>16</sup>.

For the teachers the *lack of educational facilities* is a problem. It is difficult to provide the learners a variety of activities when there is so little material to use. For the safety of both teachers and learners there should be first aid kits everywhere, but there are very few or none.

### 6.3.5 The teachers' views on causes of HIV, AIDS and related problems

The question of the cause of HIV and AIDS can be understood in different ways; the cause of the spread of HIV or the original cause of the HI virus. One teacher also understood it as to explain the different ways of spreading, i.e. through the blood, intercourse etcetera. I found it interesting to notice how different it was perceived and therefore did not correct anyone. Instead I asked further about the other alternatives, to get their views on that too.

The answers about the origin of HIV and AIDS were similar: no one knows for sure. Some mentioned that there are theories about monkeys and how it then spread to humans. One comment on this was:

*Before 1994 we didn't know much about HIV and AIDS. They say ever since the people from Africa came in big numbers and the people in exile came in big numbers, so they spread. Otherwise the origin we don't know, some say from Africa and some say monkeys.*

Concerning the spread of HIV the answers differ. Again the issue of ignorance is brought up as a reason for the spread; ignorance of STD's and involvement with people without knowing the status. Another mentions the carelessness of having sex without condomizing and a third one brings up the fact that people don't tell their status and *plant it to others*, thus implying that some deliberately infect others with HIV. Stigma is a reason not to tell others one's status since people are afraid of isolation. One teacher also talks about immorality, *because of some people's immorality... you have innocent ones that gets affected*. The teacher continues:

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<sup>15</sup> OBE means Outcomes-based Education, RNCS means Revised National Curriculum Statement and NCS means National Curriculum Statement.

<sup>16</sup> This has been discussed by many teachers outside this study as well, they express worries and stress about how to be able to adjust and understand the changes.

*Ignorance, in the sense that people are not really accepting, not really realising that disease is amongst us. Until of course it's too late...*

Another teacher refers the causes to poverty and unemployment. When people have nothing to do and very little to care about they have more sex;

*the only thing that you are thinking of is to have sex... there's nothing else you can do. And those people, remember, most of them are illiterate. And... they can't go to seek a job and then they enrich themselves to sex, sexual intercourse and it is working<sup>17</sup> at least.*

It has become more and more popular to go to taverns and so called shebeens<sup>18</sup> where people often get very drunk. In this uncontrolled state people have sex, unprotected and with several different partners. Prostitution and transactional sex is common in these environments and young people (teenagers) go there more and more often, tells one teacher.

### 6.3.6 Needed improvements in schools and in society

*First of all, a new mentality. A renewing of the mind concerning the disease. Number one: it should be highlighted as a disease that kills, there is no cure... and people should really think twice.*

The quoted teacher also talks about abstaining, living a moral life and being faithful as important messages to send out. Further money should be invested, *put into /.../ fighting HIV /.../ making these retrovirals, these medicine and things, more accessible.* The teacher wants to use media better: *it can both help build up and break down, control that.* And he wants *Firm management from the government* in those matters:

*...the fact that your status is secret.. I think we should change that thing. So that people can be made aware that this person, cause that person can be a threat. So legislation should be changed first of all.*

This teacher is also calling for *a whole new approach in terms of education:*

*Sex education as a learning area... from a very early stage. And the content of the... must be, not sensual, but... the learning content, but educational. And it should be, sex education should be standard in all schools so that people can know the standard (?<sup>19</sup>). Cause it takes only... one moment... two minutes or so to get that virus.*

Another teacher says that HIV and AIDS is a huge problem and focus needs to be put not only at the sexual intercourse: *it starts already with the kissing.* He urges everyone to be sure there is no blood involved at any time, to take care of one's body and make sure you are healthy.

A third teacher says:

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<sup>17</sup> At this moment some background noises on the tape recording makes it difficult to hear whether the word is 'working' or 'worth it'.

<sup>18</sup> A place for meeting people and where alcohol is sold, these used to be underground and kept secret during Apartheid, because they were forbidden.

<sup>19</sup> The word said here is unfortunately impossible to understand. It sounds like 'bodies' or something similar, but I don't want to guess.

*People in townships and rural areas need more education. Not just the education from people at varsity, like us, the sophisticated kind of education, like “use a condom”. You know people in the township, especially men, are not that well educated and find it offensive to be given a condom or something. They don’t believe in those things. So they need to be educated not to have many partners, sleep around, especially when they drink alcohol they tend to have many partners.*

Accordingly, emphasis is put on education, but on a wider perspective of education and more directed to the whole society, not only the young need education. Similar thoughts are expressed by another teacher saying:

*Teach, teach, teach, teach, teach... never forget to teach! /.../ in school, in community, in church. Everywhere they go, they must be reminded, ‘please abstain’, don’t do sex, because condoms are not 100%.*

Yet another teacher says *teach... and teach the parents! If the parents are not aware, how about the kids? /.../ Education must start early in primary school, in Life orientation about life skills.*

## 6.4 Summary of interview results

Before discussing the findings in the next chapter I want to review and briefly analyse the interview results.

Looking at the results in general, some aspects are frequent which indicates their importance. One example is poverty, which affects so many parts of life; access to education, health care, food for the day, living conditions, etcetera. Ignorance and carelessness are also emphasized a lot. It is one of the main factors for the spread of HIV and one of the difficulties to deal with concerning prevention. When ignorance is wide spread any attempt to change behaviours or attitudes meets strong resistance.

The teachers give examples of a variety of teaching methods. Teaching according to the book is the most common and seems to be standard. Other more practical activities are used as variation, significantly these are the kind of activities that demands no material (except for posters).

Most teachers see as their role to teach and educate. Some also see their role as extended outside school, as a person who sets a good example. One teacher tells about her commitment to helping learners forwarding school material from a German friend who is sponsoring and also stays in contact with *some white people who give clothes*.

All the teachers said they believe in the biomedical beliefs mainly. It correlates well with the fact that education and most available information is based on those beliefs. Still some teachers express that they cannot always teach according to their own beliefs, either implying they have other beliefs or meaning they try to adjust to the different beliefs represented by learners.

When it comes to whether people in general are aware of HIV and AIDS and have knowledge about prevention and care, the teachers have different views. Some say everybody knows and

are aware, others say many don't know, that knowledge is too small and education needs to be extended to adults and illiterate people.

In teaching the teachers emphasize the lack of involvement by parents. Especially about sex education, since the taboos and the stigmatization is strong. Sex is simply not talked about in the homes. Still many children see adults having sex, because of the lack of privacy in their homes. This relates to the statement from one teacher that *education is not extended outside school, it is not being consolidated*.

Stigmatisation is frequently brought up and the awareness of its existence seems widespread. It is something which is hard to put a finger on since people live with and in stigmatisation, still it is so difficult to affect or ignore.

Ignorance and carelessness is a problem in school as well as society in general. Learners don't listen to the teachers and discipline is decreasing in class. In society the ignorance is about carelessness towards safe sex, drug and alcohol abuse, criminality and immoral behaviour. The ignorance is also a cause for the continuing spread of HIV. Either people know their status or not, they continue to have sex thus spreading it whether they know it or not.

The question about the cause of HIV and AIDS gave different answers since it could be understood in more than one way. Ignorance was once again brought up. People get involved with others whether they know their status or not, thereby exposing themselves and others to risk of infection. Immorality among people to expose innocent others to the risks is another factor brought up, related to this ignorant behaviour.

Looking at a society level, unemployment is a problem. As one teacher stated about unemployed: *most of them are illiterate. They can't go to seek a job and then they enrich themselves to sex...* Poor and uneducated, vulnerable and with low confidence it seems this teacher means that having sex enriches people to feel they are worth something, that they are capable of something, which gives satisfaction at least for the moment.

When asking about needed improvements most of the teachers had a lot to say. One looked for a whole new approach in terms of education and a new mentality towards HIV and AIDS. And others focused on more education but in a broader sense for adults as well as children, and adjusted to different beliefs and cultural values, to reach out to all people. Further opinions on improvements was that more money need to be put into the fight against HIV, making ARV's and medicine more accessible for all, changes in legislation and firm management from government.

## 7. Discussion

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### 7.1 Method discussion

I am aware that the stigmatization in South African society towards HIV and AIDS is not only affecting the people living there, but also my research. Several aspects specific to the presented study might have affected the outcome, hereby jeopardizing its validity. There is no guarantee that the answers my informants have given me are their honest thoughts and opinions. They might answer what they think I want to hear or what they want me to believe or simply whatever they feel like answering. The interviewees who did participate might be seen as a little more open than the general public, since they did not mind talking about this subject, which can also affect the results.

I'm also aware of the fact that in their eyes I am foreign, white and woman. This might also affect the answers in some situations. In South Africa there are strong male dominant traditions, which might affect the results of interviews with men. Because of the history of oppression in South Africa there is often an expectant attitude, in this case, from black persons towards me as a white person (I mentioned this distrust earlier in chapter 6.2.3). Until the interviews started and I explained to them that this is not a test, some were quite tense and nervous. Being foreign can have different effects. I will never have the same understanding and knowledge of the context as a born South African has, but on the other hand I can be less affected by the past or certain aspects of their society today, when observing something.

There are obvious language barriers involved here since neither the interviewees nor I spoke our mother-tongue with each other. We therefore understand things differently and explain and express things in different ways in English. It is unavoidable, but I have tried to be as clear as I can in questions and explained with other words when needed and asked them back when I needed explanations.

I find the chosen methods to be in accordance with the purpose of the study. The triangulation of different methods gives several angles for understanding the context and the semi-structured interviews gave space for the teachers' thoughts to come through. This variation of methods in a study of this extent might be too ambitious causing a momentum of shallow analysis, still it is my firm belief that this triangulation was necessary to get a more comprehensive picture of the South African context, each part adding an important piece to the full understanding.

The first contact at arrival in a school has always been with the principal since that is the custom they prefer. After explanations of my errand the principal then contacts teachers he or she think can help me and if they approve, a meeting for the interview was set up. At this stage I gave the teacher short information on the topic and assured him or her anonymity and the free choice to answer my questions or not. This is a process that doesn't always run smoothly since information can be changed when transferred from person to person. But most misunderstandings have been solved. Where they were not solved, no interview took place, therefore it has not affected the results I use in the study.

As pointed out in chapter 4.3.4, one teacher in the sample represents a different culture or group than the others. Since they all work in township schools and most teachers in those

schools are black, the sample also follows that pattern. But this one teacher, who is coloured, is an exception. The different background means that the teacher does not speak Xhosa, the mother-tongue is Afrikaans and all communication in the school is therefore in English, since that is the second language for most people. In the classroom this is not a huge problem since the language of instruction normally is English, although the learners don't speak it very well.

## 7.2 Result discussion

At this point I find it relevant to go back to the purpose and repeat what I have been aiming for in this study:

*In order to contribute to the understanding of and the possibilities to react on the spreading of HIV/AIDS in South Africa my intentions are to produce a more comprehensive picture of schools' and teachers' roles in these processes, compared to the dominating one in Western societies. More specifically I want to highlight the complexity in teaching about a subject surrounded by social and cultural factors causing negative stigma and discrimination.*

*The aim of this study is to investigate how South African teachers approach the impacts of HIV and AIDS in their daily professional work.*

*Central questions in the study are:*

- *how do teachers teach about HIV and AIDS, sexuality and relationships?*
- *what problems and difficulties do they experience?*
- *which are their views on the cause of HIV and AIDS and related problems, on various system's levels?*
- *what do they think needs to be done to improve the current situation, in school as well as in their surrounding society?*

On the one hand I have tried to present a picture of the environment where teachers, learners and parents meet in South Africa today, focusing on the social and cultural aspects of society. On the other hand I tried to go deeper into the teachers' reasoning and views on for example difficulties, the society around them and impacts of HIV and AIDS.

The teachers seem to use a variety of methods in their teaching and they are generally quite comfortable with teaching about sex. I must say I expected them to be a little more reluctant towards teaching about sex, since it otherwise seems to be stigmatized and taboo. But it is a relieving result, because if they are as comfortable as they say, it is a sign that 'doors might be opening up' towards a more open discussion about sex and sexual behaviours in the future. I believe that the courage to speak and be honest, is one way to defeat the stigma. If teachers can talk to their learners about sex, knowledge and awareness will increase and in the future the stigma can decrease.

Worries were expressed that education is not being extended and consolidated outside school. Such related issues have been brought up in conversations I had before, and there seems to be a common opinion that what is told and taught in school is something isolated. What is learnt there must not be applied, exercised or believed in outside the school.

The difficulties in extending education outside school can also be connected to the distrust towards white and thereby also the biomedical facts which stem from the western, white



society. One teacher expressed views that there is a need to go back to the roots, the beliefs of *discipline and Christianity* instead of westernizing. I first understood it as going back to African roots and traditions, but it was wrong. Christianity is really strong among many black people in South Africa, which is somewhat peculiar since Christianity was imposed on Africans by the European settlers a couple of hundred years ago.

Another teacher expresses a different view saying *it's better with white people /.../ blacks don't care*. Thus showing awareness about the ignorance and carelessness in the own ethnic group. The distrust towards whites, biomedical facts and western ideas in general, must be seen in the context of South African history. The Apartheid regime's oppression and humiliation of people during decades has made deep scars in people's souls and memories as well as created the segregation and inequalities in society today. What people have had all the time and feel somewhat in control of, is their cultures and traditions which have been isolated from outside influences for a long time. Now they are suddenly exposed to a multitude of messages through media, causing confusion but at the same time it's very attractive, especially to the youth. The teachers' different comments on this represent this variation and confusion quite well.

Confusion is also caused by those different comments from ministers of the government. People in such a position carry a lot of social and cultural capital, because of their position as well as their cultural background, thus they have a lot of power to affect people. Therefore it is important that they are aware of what they are saying and how it can affect people.

Concerning the needed improvements in schools and in society I noticed an emphasis on more education; education for all ages and with focus and consideration to the social and cultural context. The teachers also asked for more education that reaches out into churches and community groups, thus reaching more people on different levels and in different contexts. The broad approach and information from all these directions was hoped to gain understanding for the seriousness and urgency following the non-stop spreading epidemic. It might also extend education outside school, to compensate the lack of consolidation which was mentioned above.

Gender aspects and male power was not brought up as an issue by the teachers, it was only indirectly touched on. In my document studies I came across it in research literature on cultural and social aspects in South Africa. Such patterns of power and gender structures can be easier to notice for one outside the culture. Structures of this kind are part of people's habitus, as Bourdieu calls it, brought to us through socialization, therefore they are more difficult to see in one's own culture and social environment, but easier in another. On the other hand statistics over violence, rape, abuse and gender structures in general speak for themselves as proof of the inequalities.

Other problems and difficulties experienced by teachers are the changes in education. During recent years several changes have been introduced in the education system. The curriculum has changed and Outcomes-Based Education was introduced, giving the teachers many factors to adjust to and implement in their work. In any education system there are constant changes to keep up with development over time and increase quality. This is the reason for changes in South Africa as well and changes are really needed since there are huge gaps to fill up in order to gain equality and an education system for all. Still, it is of outmost importance to emphasise that apart from the changes in the official framework, South African teachers have to deal with a variety of severe problems rarely present in Sweden, nor in any other part

of the Western world. Poverty, criminality, violence, abuse, drugs, rape and sexual harassment are frequent in the school environments today. This puts a heavy load of responsibility and pressure on the teachers to handle.

In general, HIV and AIDS is one out of many severe problems to handle. Perhaps this is a reason for the ignorance and carelessness. In a vulnerable situation survival here and now is more important than the risk of infection with a disease that will lead to death many years later. It sounds harsh, but is reality for many people in this world.

One teacher called for a change in legislation, proclaiming that knowing everyone's status will help people avoid infection, knowing where the threat is. He makes an interesting point, which seems to have gained foothold among the public. But it is also important to consider the integrity of the individual, if aiming to realise such a change.

A review on the theoretical framework shows a correlation between Giddens' theory about 'the duality of structures' and the teacher's relation to the reality and the context they work in. The stigmatisation, the lack of resources and the general ignorance are aspects of the structures. The teachers can be actors under control of these structural powers. Through actions in line with the embedded rules and norms of the structure, the actors confirm and reproduce the structures. Thus ignorance and stigmatisation can be seen as embedded norms and rules beyond the human control. These are factors that take a long time to change since the power to change only lies within the people as a mass, making a common action or turn in attitude towards a different view. Then the structural pattern will follow over time and space, reshaping the social system. But this is also where the teachers can make a difference through actually teaching about HIV, AIDS, sex and those issues, according to their beliefs in science and biomedical explanations of HIV and AIDS. By spreading those in schools, they contradict and break old patterns, taboos and norms embedded in the structures. The teachers are actors with possibilities to change in a long-term perspective through teaching and the interview results show positive signs that this is actually happening.

Both Giddens and Bourdieu emphasises the access to resources as a means of power and authority. Resources are unequally distributed between people, but they can also be of different kinds, useful in different situations. Bourdieu differs between social and cultural capital for example. Social capital refers to networks and connections, thus giving a teacher a fair amount of social capital if she or he is a socially competent person who maintains good relations to people. Cultural capital is more complex, since it depends also on the context where the capital is measured. In a small village with one dominant culture or group, the leaders of different kinds (political and religious for example, or a leader of the only school in the village) will have high levels of capital and thereby much power. But on a national level the same leaders might not belong to the dominant culture or group, thus their cultural capital is not as strong anymore. In relation to education in South Africa today; education about HIV and AIDS is based on biomedical facts, it is the dominant belief within the education sector. Teachers following this belief will have more capital, measured in resources as learning material and other information written with biomedical perspectives on HIV and AIDS. At the same time education might not reach very far outside school if the environment there is based on different beliefs. For education and its content to be seen as important and true in the society where it exists, there is a need of correspondence between these beliefs.

When teaching about sex, HIV, AIDS, relations and such subjects in South Africa I believe it is important to have an approach both towards the biology of the disease and towards the

cultural perspectives surrounding it. This is what medical anthropology does and therefore I chose to bring it up in this study. As repeated throughout this study the social and cultural aspects are many and strong and influence people deeply. The World Value Map showed that traditional values are strong in South Africa and my own observations and dialogues with people confirmed that. But all six teachers in the study say they believe mainly in the biomedical beliefs. The reason might be attitudes acquired during teacher training and education in combination with their previous attitudes. This also refers to the discussion above about Bourdieu's capital and how the dominant beliefs will provide more capital and power. Confessing to the dominant biomedical beliefs can be helpful for a teacher to gain resources and capital, though it might contradict what the person has grown up with in his or her cultural environment.

Structures are hard to change since it includes a change of the whole social system they uphold. This can be difficult to accept by the members who will then be deeply affected by the changes. People's desire and need to maintain their well-known structures can be much stronger than any logical reasons such as an understanding for HIV and AIDS and the fact that some cultural habits and norms are devastating for the continuous spread. This is what Giddens referred to as 'ontological anguish'. In a situation as the one in South Africa where many different messages and views on how to behave and treat the epidemic flourish, the anguish among people is hard to prevent. Therefore it is natural and logic that old values, norms and habits remain strong and leading. Many people are reached by very little information because they are illiterate, they have little or no access to media and other information and they live in inaccessible areas. The gaps between people are huge and a common understanding of a problem such as HIV and AIDS is far away today. But I refuse to believe it is a hopeless situation and the teachers have one of the keys to make a difference. They meet many people every day and through first receiving education themselves and later spreading it to the youth, knowledge will be spread, discussed and understood, building a foundation for the common fight against HIV.

Of importance for the teachers' approach to their daily work is how they see their role as a teacher. On the one hand this can be quite narrow; one is a teacher in the classroom and does what is requested and possible there and within the teacher profession. On the other hand the teacher role can also be extended into the society, thus enlarging the teacher's social and cultural capital. The teacher becomes more of a leader and a person in power of making some difference in the eyes of the public. The teachers in the study show both these characteristics. Some see their work within the school as their role, while others see the importance of being a role model in general and extending their services to counselling and forwarding help for someone in need. Which can also help to consolidate education outside school.

*We are teaching according to reality* is a comment that has attracted my attention. At first it seemed so obvious; who doesn't teach according to reality? But whose reality? In an environment of stigma, ignorance and many different beliefs around a tabooed issue, I imagine it is not so easy to consider all different ideas and beliefs. The quoted comment was continued: *we are teaching according to the things that we know about HIV, what everybody knows about it*. This assumes that everyone have the same ideas about AIDS and that everyone have ideas. Other teachers say the opposite though, meaning that more education is needed, people do not know much and are not aware. *HIV is something new, I don't have my own beliefs* as one teacher said.

Teaching according to reality or not, I consider this issue important and relate it to my purpose; how do teachers approach the impacts of HIV and AIDS in their daily professional work? They behave according to the reality they find themselves in. Some act consciously in accordance with their own picture of reality, others according to what the learning material say and what they believe they are supposed to do. The HIV and AIDS epidemic is one out of many problems the teachers constantly deal with and their efforts are neither invisible nor insignificant. They seem to do as much as they can and teachers, as all other people, are acting mainly according to the existing structures. Some teachers extend their teacher role outside school, while others seem to define it more strictly inside the school, still all of them fulfil an important role in bringing up HIV, AIDS, sex and related issues in their teaching. Seen in a long term perspective, the fact that the teachers *do* teach about sex, HIV, AIDS and related issues, is a sign of change and a break towards the structures. If this continues, a society allowing more open attitudes and discussions is possible, thereby more control over the epidemic can be gained, through the efforts of teachers.

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# Appendix

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## Interview guide with questions

Can you tell me about your perception of the *official* view of the hiv and aids epidemic?

What is considered the major problems and difficulties in society today (concerning the hiv and aids epidemic)?

- stigma?
- prejudice?

What is being done to gain control over the hiv and aids epidemic?

- What needs to be done still to gain control?

Do you have any thoughts around what is the cause of the hiv and aids epidemic?

- original cause?
- cause of spread?

Why has hiv and aids become such a huge problem in a very short time?

How has the hiv disease affected you? As a person and teacher.

- there are many different beliefs around hiv and aids, what are your thoughts?
- what do you think about traditional medicine and healers?
- do many people go to traditional healers/ believe in it? Why?

It is often talked about abstinence and condoms as prevention, but it seems like few people believe in those methods. Why is it so?

Tell me about the school you work in.

- number of students and teachers?
- the hiv and aids situation there?
- environment?

What do you see as *your role* in the work against hiv and aids? (as a teacher)

Tell me about your teaching in LO related to hiv, aids, sexuality, relationships, behaviour etc.

- do you have some specific focus? Biology, behaviour, prejudice etc?
- methods?
- are boys and girls taught separately and differently? Are you teaching both?

Are you comfortable with teaching about sexuality, hiv and aids etc?

It seems to be common to proclaim abstinence. Why is it so difficult to get youngsters (people in general) to abstain from sex?

What problems and difficulties do you encounter in teaching/ in school?

- do you get support? From colleagues or your principal?
- material?

- have you got education/been to workshops etc?

What does the curriculum say about hiv and aids?

- is it possible to implement in your teaching? Difficulties?
- are there any other documents saying something about hiv and aids in schools?

Much of the information and education about hiv and aids is based on scientific beliefs and theories. How does that “work together with” traditional xhosa beliefs?

- Do you feel that you can teach according to your own beliefs and values?

For how long have you been teaching?

Has teaching changed a lot during your career? How?

- since the fall of apartheid?
- along the growing epidemic of hiv and aids?

Would you like to teach differently? Why/ why not/ why can't you?

The Zuma story is a very recent example of different beliefs and prejudices, has it been talked about in school?

- how do the children respond to it and talk about it?
- how do you address it to the children?

Any other thoughts that you would like to share with me?